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25X1	COUNTRY	French Morocco	DATE DIST. <i>13 Apr 1953</i>
SUBJECT	Sociological - Infant mortality, statistics		
HOW PUBLISHED	Biweekly official bulletin		
WHERE PUBLISHED	Rabat		
DATE PUBLISHED	20 Oct 1952		
LANGUAGE	French		

NO. OF PAGES 3

SUPPLEMENT TO  
REPORT NO.

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INFANT MORTALITY AND STILLBIRTH STATISTICS  
IN FRENCH MOROCCO

*Comment: The following report is based on an article which discusses the difficulties of compiling statistics on infant mortality and stillbirth rates in French Morocco, and lists some comparative rates.*

Problems and Methods in Obtaining Rates

It is difficult to determine completely and accurately the rate of infant mortality in French Morocco, because the Office of Vital Statistics has not yet been accepted as a regular part of the Moroccan way of life, and the Moroccans' cooperation with this office is motivated only by either self-interest or necessity (the establishment of inheritance rights or family allocations). Certain people have taken advantage of these difficulties to advance figures devoid of accurate bases, which tend to prove that Morocco has a record-high infant mortality rate. Although this latter conclusion is untrue, the means of arriving at a true figure are not simple. Since the figures on deaths are more nearly accurate than those on births, comparison of records at the Office of Vital Statistics leads to erroneous results, the mortality rate sometimes exceeding 100 percent of the birth rate.

To obtain more accurate statistics, social welfare workers and health inspectors conducted surveys among several hundred individuals of various ethnic groups in large cities. One method of inquiry was to question a certain number of Moroccan mothers on the number of children born and the number of children living. However, the results appeared unreliable and were discarded.

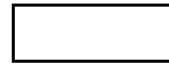
The most commonly used method was to check with the families who had registered live births with the Office of Vital Statistics during a specific period, to determine how many children were still alive after one year. The critics of this method have objected that it applies only to the well-to-do.

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social class, which has understood the usefulness of the Office of Vital Statistics. The fact is, however, that since the establishment of the family allocation system, the urban and suburban wage earners have shown an increasing tendency to register births with this office.

Surveys were also conducted at the homes of children born in maternity hospitals or delivered by the Mouallidat (native Moroccan midwives), and of children brought to the public health clinics.

Children born in maternity hospitals are under more favorable conditions at birth than others, but it must be remembered that they stay in the hospital for an average of 5 days only and that many are born after difficult confinements. Infants delivered by trained midwives at the family home are subject to as many dangers as any other infants. Lastly, children are brought to the clinics more for curative than for preventive treatments, and it is by no means certain that most of them remain under constant observation; the proportion of continuous follow-up varies between 10 and 60 percent, depending on the locality.

As in the case of the infant mortality figures, the statistics for still-births (obtained from the Office of Vital Statistics), are unquestionably accurate for the European population, fairly valid for the Jewish population, and questionable with regard to the Moslem element.

#### Infant Mortality Rates

Among Europeans, the infant mortality rate per 1,000 live births decreased from 135 in 1931 - 1932 to 85 in 1938 - 1939 and to 50 in 1949 - 1950. This decrease was due to improvements in sanitation in French Morocco and in the living conditions of the European population.

Among Jews, births (at least with regard to male children), as well as deaths, are regularly reported to the Office of Vital Statistics. Figures for 1950 reveal a general infant mortality rate of 109 per 1,000, as compared with 132 per 1,000 in 1937.

Among Moslems, investigations of survivals after one year among a certain number of infants whose birth was on file at the Office of Vital Statistics produced the following infant mortality rates per 1,000 (not including still-births): 115 at Oujda; 61 at Rabat; 112 at Sale; and 129 at Casablanca. The Sale and Casablanca rates are close to that of the French Moslem population of Algiers. The apparently low figure for Rabat does not include deaths occurring in suburban douars. On the other hand, the figure for Casablanca results from surveys in all sections of the city, including suburban communities.

The following infant mortality figures were obtained by social welfare and health groups:

Marrakech, 95 per 1,000 births registered at the Bab Khemis clinic and at the health bureau; 88 per 1,000 births supervised by the Mouallidat.

Fes, 152 per 1,000, a figure taken from the files of the city's clinics and which applies for the most part to sick children brought in for medical treatment.

Mazagan, 112 per 1,000.

Meknes, 106 per 1,000, a figure obtained from door-to-door surveys in suburban quarters where living conditions are poor.

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Surveys in the rural area of Ahermoumou revealed that out of 280 registered births, 37 deaths occurred within one year, resulting in a mortality rate of 132 per 1,000.

#### Stillbirth Rates

For the reasons stated above, it is extremely difficult to arrive at stillbirth rates among Moslems. Among Europeans, the stillbirth rate for 1950 was 24 per 1,000 live births. Among Jews, 192 stillbirths and 4,120 live births were reported in 1950, a stillbirth rate of 46 per 1,000.

Among Moslems, the result was 2,007 stillbirths out of 19,396. This rate of 104 per 1,000, of uncertain accuracy, is based in part on reports of Moroccan maternity hospitals, to which the parturients are taken only when they are already in trouble. In contrast to this, at the Marshal Lyautey Maternity Hospital in Rabat, a 30-year-old institution where Moroccan women have become accustomed to going for their confinements, the stillbirth rate was only 35 per 1,000 in 1950 and 38 per 1,000 in 1951. These low rates are due to the fact that the majority of the mothers received guidance during their pregnancy.

#### Causes of Infant Mortality and Stillbirths

In 1950, of every 1,000 deaths, 321 were due to congenital diseases, 282 to infectious diarrhea, and 126 to acute pulmonary ailments. These causes are attributable to the following three factors: the ignorance of the uneducated peasant; the lack of prenatal consultation; and the ignorance of the traditional untrained midwives. Added to this is the resigned attitude of the Moslem woman and the ignorance in which she is kept, factors which make her accept motherhood as an inevitable risk. Among Moslems, an important reason for infants' deaths is the lack of nutrition. For children under one year, the mother's milk constitutes the only chance of survival. Reducing the rates of infant mortality seems to be, therefore, a problem of health education.

#### Comparison with Other Countries

French Morocco's infant mortality rates (based on the investigations described above) are much lower, for example, than those of Egypt and slightly higher than those of Portugal and Hungary. Owing to lack of statistics, it is difficult to determine the progress made in French Morocco since 1912. However, certain doctors still recall the catastrophic infant mortality rate of 48 percent at Marrakech.

French Morocco, which has been open to Western life for 40 years, has reduced its excessively high mortality rates to figures close to those of Europe at the beginning of the 20th century (France, 142 per 1,000 in 1901) and lower than those of certain other countries, such as Egypt, which enjoy highly favorable climatic conditions.

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